ADOPTION CONSENT REQUEST (RECRUITED FAMILY OR COMPETING PARTIES)

	Department	of Human Service	S			
Child's Name (Last, First, Middle)			Date of Birth		DHS Case Number	
Adoptive Placement County	Name of Recommen	ded Adoptive Parent(s)		Other		
SELECT THE TYPE OF CONSENT REQUESTED:						
RECRUITED FAMILY CONSENT REQUEST (CHILD NOT IN THE HOME) Describe how family was selected (e.g. recruited by MARE, local search, previously known to child):						
Describe visitations between the child and family, including the number, frequency and quality of visits.						
COMPETING PARTY REQUEST (MORE THAN 1 INTERESTED FAMILY) FAMILY(IES) NOT RECOMMENDED*:						
Name:		elationship to child				
☐ Prelim. Assessment ☐ Adoptive Fa		Letter not recomm	ending atta	ached 🗌 Ca	se Conference	☐ n/a
Name:	r	elationship to child				
	amily Assessment	•	ending atta	ached 🗌 Ca	se Conference	☐ n/a
Name: relationship to child						
		Letter not recomm	ending atta	ached 🗌 Ca	se Conference	□ n/a
Name:	r	elationship to child				
	-	Letter not recomm	ending atta	ached 🗌 Ca	se Conference	□ n/a
*Attach additional pages if necessary						
ALL OF THE FOLLOWING ARE REQUIRED FOR EACH CONSENT REQUEST:						
 Consent to Adoption (PCA309) is attached which includes County where petition will be filed, Child's name as it appears on the birth certificate and any documented AKA. Full legal name(s) of the adoptive parent(s) as confirmed by birth, marriage or divorce papers. The following required documentation is included and is current within 1 year. Child Assessment and addendum(s) (required to update or indicate changes in placement). Adoptive Family Assessment and addendum(s) with supervisory approval noted. Copy of the child's birth certificate or other verification of birth Legal documentation (Copies of at least 1 of the following legal forms must be included) A copy of the Order Terminating Parental Rights, Commitment to DHS (JC63) The applicable legal documents committing a child to DHS following a voluntary release (PCA 305, 306, 312, 318, 322) Combination of a. and b. above Order committing a child to MCI, following a disrupted adoption 						
Placement Agency and Address						
Signature of Adoption Worker				Date	Telephone Nun	nber
Signature of Adoption Supervisor Approving this Pla	cement				Date	
religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the			AUTHORITY: MCL 710.21 et. Seq. and P.A. 280 of 1939. RESPONSE: Required. PENALTY: Adoption delay.			